

# SUMMER FOOD SERVICE PROGRAM DAILY MEAL COUNTS

Site: \_\_\_\_\_

Signature of  
Site Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Week of: \_\_\_\_\_

Meal: \_\_\_\_\_

M            T            W            TH            F            TOTAL

Number of meals leftover from prior day

Number of meals delivered/prepared

Number of first meals served to children

Number of second meals served to children

Number of meals served to Program adults

Number of meals served to nonprogram adults

Damaged/spoiled meals

Meals leftover

Money collected (if applicable)


Meal: \_\_\_\_\_

M            T            W            TH            F            TOTAL

Number of meals leftover from prior day

Number of meals delivered/prepared

Number of first meals served to children

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Number of meals served to Program adults

Number of meals served to nonprogram adults

Damaged/spoiled meals

Meals leftover

Money collected (if applicable)


Site Supervisor's comments: \_\_\_\_\_

\_\_\_\_\_